(b) if so, whether Government are considering a few more burns departments in other hospitals in northern India which would not be infested with rats and cockroaches; and

(c) if not, the reasons?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) No, Sir. Adequate measures are undertaken to maintain the desired standard of cleanliness, sanitation and housekeeping in the Burns Ward of Safdarjung Hospital. Health is a state subject, it is for the state government to ensure to provide the treatment facilities to patients.

Infant deaths

3289. DR. K. MALAISAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India is the highest in the world in the number of births and infant deaths and in each year 16 lakh infants die and out of which 11 lakh die during the first month of birth;

(b) if so, what are the major killers during the first 12 months; and

(c) what are the major measures taken to get over this problems of infant mortality?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As per the State of World's Children, 2006, brought out by UNICEF India is the highest in the world in terms of absolute numbers of births and infant deaths. It is fact that 16 lakh infants die each year and out of which 11 lakh die during the first month of birth.

(b) The major killers during the first year of birth are Acute Respiratory Infection, Diarrhoea, Sepsis, Prematurity, Low Birth Weight, Measles, Malaria and Asphyxia.

(c) Major measures undertaken to get over the problem of infant mortality are implementation of the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy, which adopts a holistic approach to the management of the commonest causes of neonatal and childhood

mortality—sepsis, acute respiratory infections, diarrhoea, measles and malaria, all compounded by malnutirition. IMNCI shall be implemented throughout the country in a phased manner. In addition, thrust is being given to ensure institutional deliveries and train health personnel on essential newborn care so that skilled attendance at birth is available and all newborns receive specialized care. Efforts to deliver new born care, both facility based as well as home based, are being made. Micronutrient supplementation with Vitamin A, Iron Folic Acid and Zinc are being made. Infant and Young Child Nutrition are being stressed. Immunisation is one of the thrust areas of the ongoing Reproductive & Child Health Programme. The National Rural Health Mission, launched in April, 2005 for a period of 7 years (2005 to 2012) is an overarching intervention with a holistic approach and has envisaged reduction in Infant Mortality and Neonatal Mortality as one of the prime goals to be achieved.

Separate treatment facilities for CGHS beneficiaries

3290. SHRI JAI PRAKASH AGGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of diseases for which separate treatment facilities have been provided for CGHS beneficiaries of Central Government in Government hospitals of Delhi including Safdarjung Hospital and Dr. Ram Manohar Lohia Hospital; and

(b) whether Government contemplates to formulate any scheme to provide separate treatment facilities under CGHS for all diseases to Central Government employees particularly in all Government hospitals of Delhi?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) In Dr. RML Hospital separate CGHS-OPD facilities are available in the Departments of Medicine and Surgery. In Safdarjung Hospital there is a separate CGHS Wing where O.P.D. facilities in the Department of Opthalmalogy; Medicine, Surgery, Pediatrics, dental, dermatology, E.N.T., Obst. & Gynae. are available. There is no proposal for creating separate C.G.H.S. facilities in any other Central Government Hospitals of Delhi.